



Solving for Quality

2021 and 2022

8/18/2021

Shelley Krawchuk, RN, CPHQ, Clinical Program Manager

Lynn Kafer, LVN, QI HEDIS Program Manager

Gerred B. Smith, QI HEDIS Program Manager

Introduction

- ✓ **Questions – Please submit any questions in the Q&A window.**
- ✓ **Materials – Following the webinar, a copy of the materials presented will be sent out.**
- ✓ **Resources – you will find more detailed information about the information presented in the resource section.**

Learning Goals

Today's Training we will:

- ✓ **Cover New, Retired, and Revised Measures for MY 2022**
 - ✓ **Cover Re-Evaluated Measures for MY 2022**
 - ✓ **Understand administrative data capture to improve quality**
 - ✓ **Understand best practices for closing care gaps for selected measures in MY 2021**
 - ✓ **Learn best practice telehealth strategies for selected measures for MY 2021**
-

New, Retired, and Revised Measures

Expected New Measures for 2022

De-prescribing of Benzodiazepines in Older Adults (DBO) - Administrative

Product Line: Medicare

Description: Members 65+ who were prescribed a benzodiazepine and experienced a decrease in daily average dosing during the measurement year.

Antibiotic Utilization for Respiratory Conditions (AXR) - Administrative

Product Line: Commercial, Medicaid, and Medicare

Description: Members 3 years and older with a diagnosis of a respiratory condition that resulted in dispensing of antibiotic.

Advance Care Planning (ACP) - Administrative

Product Line: Medicare

Description: Adults 65-80 years of age, with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older, who had advance care planning during the measurement year.

Retired Measures for 2022

- Antibiotic Utilization (ABX)
- Care of Older Adults - Advance Care Planning
- Comprehensive Diabetes - Medical Attention for Nephropathy and HbA1c Testing

Revised Measures for 2022

Comprehensive Diabetes Care (CDC)

Before	MY 2022 Changes	After
* Hemoglobin A1c (HbA1c) Testing	Retired	No longer reported
* HbA1c control (<8.0%) * HbA1c poor control (>9.0%)	Separated	HBD: Hemoglobin A1c Control (HbA1c) Two stratifications: HbA1c control (<8.0%) HbA1c poor control (>9.0%)
* Eye exam (retinal) performed	Separated	EED: Eye Exam
* Blood pressure control (<140/90)	Separated	BPD: Blood Pressure Control (<140/90)
* Medical Attention for Nephropathy	Retired	No longer reported (defer to KED)

Re-Evaluated Measures for 2022

Re-Evaluated Measures

- Acute Hospital Utilization (AHU)
- Identification of Alcohol and Other Drug Services (IAD)
- Mental Health Utilization (MPT)
- Initiation and Engagement of Alcohols and Other Drug Abuse or Dependence (IET)
- Follow-Up After Emergency Visit Department Visit for Alcohol and Other Drug Dependence (FUA)
- Use of Imaging Studies for Low Back Pain (LBP)

Acute Hospital Utilization (AHU)

- Excluded planned hospitalizations in measure logic
- Only total rate is reported which now includes both medical and surgical admissions

Identification of Alcohol and Other Drug Services (IAD)

- Revised measure structure
 - No longer utilization driven - but diagnosis - prevalence of substance use and mental health disorders
 - Revised the name to Diagnosed Substance Use Disorders
 - Revised substance use diagnosis codes to only include substance use disorder codes
 - Revised age stratification to 13-17, 18-64, and 65+; will no longer include 0-12 year olds

Mental Health Utilization (MPT)

- Revised measure structure
 - No longer utilization driven - but diagnosis - prevalence of substance use and mental health disorders
 - › Denominator logic change (number of members vs member years)
 - › Removed procedure code requirements
 - Mental health diagnosis can now be in any position (no longer has to be primary diagnosis)
 - Removed mental health practitioner as a requirement
 - Changed age stratification by removing 0 years old and collapsing child and adolescent stratifications to 1-17 years of age

Initiation and Engagement of Alcohols and Other Drug Abuse or Dependence (IET)

- Measure changed from member based to episode based
- Lengthened the negative SUD history from 60 days to 194 days
- Removed ED visits and medically managed withdrawal from the negative SUD history period
- Removed requirement that psychosocial treatment needed to be accompanied by pharmacotherapy
- Split the adult age stratification between 18-64 years and 65+ years

Follow-Up After Emergency Visit Department Visit for Alcohol and Other Drug Dependence (FUA)

- Revised Measure Name: Changed to Follow Up After ED Visit for Substance Use
- Denominator: Added ED visits for unintentional or undetermined overdose for commonly used drugs with addiction potential, in “any” diagnosis position
- Numerator: Allow follow up visits with SUD in any diagnosis position
- Added pharmacotherapy for alcohol or opioid use disorder
- Added additional encounter options:
 - ❖ Outpatient or telehealth visit for diagnosis of drug use or overdose
 - ❖ Visits where a behavioral health assessment or screening is performed
 - ❖ Outpatient or telehealth visits with a mental health provider

Use of Imaging Studies for Low Back Pain (LBP)

- Expanded the upper age limit from 50 to 75 years old
- Added Medicare product line
- Applied four additional clinical exclusions
 - Osteoporosis (any history)
 - Lumbar surgery (any history)
 - Spondylopathy (any history)
 - Fragility fracture (w/in 90 days prior to index episode start date)
- Applied two cross-cutting exclusions: palliative care and advanced illness/frailty

Future of HEDIS and Understanding the Structure of Data for Administrative Impact and Its Utilization

Race and Ethnicity Stratification – New in 2022

What is the purpose of stratifying by race and ethnicity?

Advancing Health Equity by reducing disparities in healthcare

What is the goal?

In order for high quality of care to exist it must be equitable; improvement begins with performance base measurement

How will we improve disparities?

- Stratification of race and ethnicity through HEDIS measures and performance
- Disparities found through reporting will require the health plan to develop interventions to reduce the disparities
- PPGs will likely support the data collection efforts in order to assist with the health plans reporting through supplemental means

Aligning with Office of Management and Budget (OMB)

Required OMB Reporting Categories for Race				
White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander
Some Other Race	Two or More Races	Asked but No Answer	Unknown (missing)	

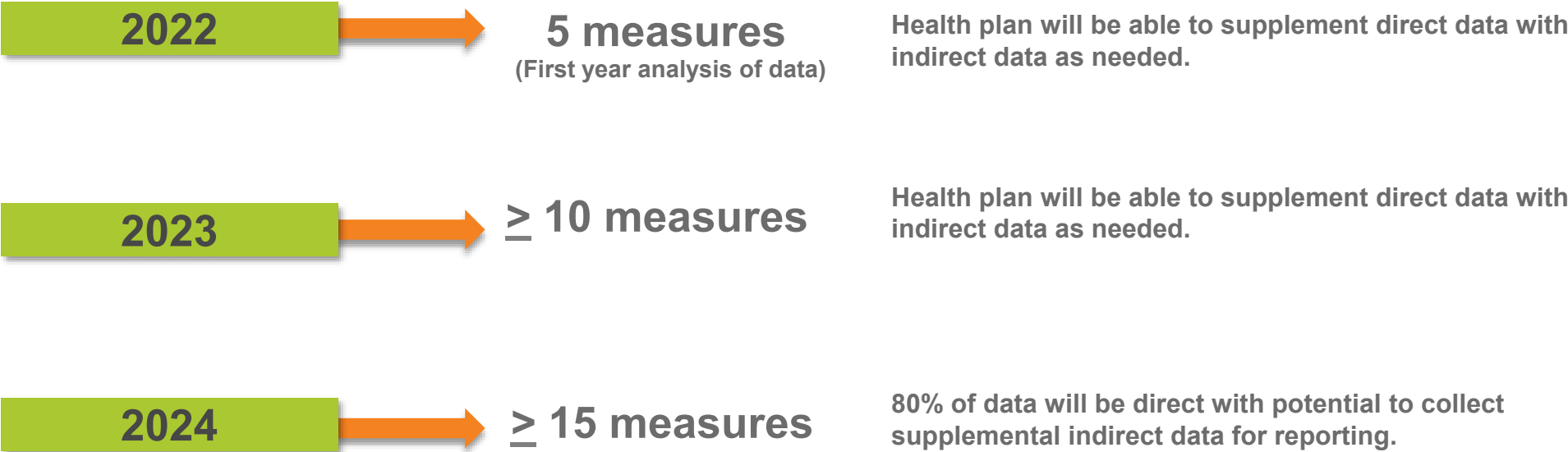
Required OMB reporting for Ethnicity			
Hispanic/Latino	Not Hispanic/Latino	Asked but No Answer	Unknown (missing)

* Ensure your systems have the ability to accurately capture the noted categories and are reviewed with member by start of 2022

5 Measures Proposed in 2022 for Race and Ethnicity Stratification

- Colorectal Cancer Screening (COL; COL-E)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Prenatal and Postpartum Care (PPC)
- Child and Adolescent Well Care Visits (WCV)

Timeline for Expanding Stratification



The Structure of Data – Improving Data Capture

- All measures impact administratively whether they are an administrative only measure or hybrid measure
 - Important how data is structured and billed
- How the data is structured depends on input
 - Standardization
 - Consistent documentation in discrete fields
 - Lack of structure hinders data extraction and appropriate billing

Examples:

Documenting information meant for discrete fields in progress notes

- Lab values found in progress notes
 - Member reported information in progress notes
 - Variations of documentation in health maintenance fields
 - Data housed as PDF
 - Interface with outside organizations
 - CAIR2 (historical and current)
 - Radiology
 - Labs
 - Specialists
 - Hospitals

Utilization of Cozeva

- Closing Care Gaps
 - ❖ It will provide you your care gap reports
 - ❖ Show you how well you are performing
 - ❖ Pay you on performance through e-payments for incentivized measures (MCAL) – provider needs to sign up
- In the near future we will be building out interfaces to connect with EHRs that will link your systems to the care gap reports and support bidirectional data exchange

If you have not signed up for Cozeva, then speak to your provider engagement representative (aka provider relations) to assist you with your access today or you can go to the following website and register as well: www.cozeva.com/registerHN

Utilization of Standard and Non-standard data for HEDIS Impact

- HN receives standard data submissions from PPG/MSO/IPA and FQHCs
 - ❖ Data is submitted in a standardized ICE layout
 - ❖ Onboarded through automated sFTP process
 - ❖ HN setups an sFTP process for loading the file to HEDIS team which in turn will automatically process into our system
 - ❖ Requirement same layout and naming conventions
 - ❖ Data files are processed and impacted as administrative data; therefore, data elements for HEDIS impact is required (CODES, VALUES, MEMBER ID, etc.)
- Non-standard (medical record review)
 - ❖ Submitted through Cozeva only
 - ❖ Requires primary source verification
 - ❖ Chart documentation needed upon upload
- Please reach out to the QI HEDIS Project Manager for additional information if you are interested in submitting supplemental data

2021 Best Practice Tips for Sprint Activity (closing the service)

Quote: “You can choose to build your foundation of brick or straw, however only one will stand the test of time.” – HN employee

Breast Cancer Screening

Acronym: BCS

Administrative

50th Percentile = 58.82 %

Measure Description: Women 50 to 74 years of age who have had one or more mammograms between October 1, 2019 and December 31, 2021

- Mammograms are the best method to detect early breast cancer, reducing the risk of dying by 20%
- Despite false-positive results, the USPSTP and ACP recommended screening every 2 years.
- American Cancer Society recommends 40-44 years of age by choice; annual mammograms starting at age 45. However, HEDIS measure has not changed and will continue to be 50-74 until NCQA updates their specifications.



What Works

- Display culturally appropriate posters and materials
- Patient education – familial risks, etc.
- Standing orders
- Refer to local imaging centers close to patients home
- Assist with scheduling appointment for the member
- Follow up to confirm completion
- Develop clinic days that combine mobile mammograms and cervical cancer screenings with mid-level provider
- Leverage HN member incentive for MY 2021
- Bill exclusion ICD-10 codes for bilateral mastectomy: Z90.13



Barriers

- Members following through with completed mammograms
- Data is housed as PDF in the EHR



COVID-19 Solutions

- Mobile Mammo clinics with scheduled intervals to reduce heavy traffic
- Combine clinics with cervical cancer screening clinics to close care gaps

Cervical Cancer Screening

Acronym: CCS	Hybrid	50 th Percentile = 61.31 %
Measure Description: The percentage of women 21-64 years of age who were screened for cervical cancer using the following criteria:		
<ul style="list-style-type: none">• Women 21-64 years of age that completed cervical cytology (pap smear) within last 3 years.• Women 30-64 years of age that completed a high-risk human papillomavirus (hrHPV) testing within the last 5 years, OR• Women 30-64 years of age that completed both cervical cytology (pap smear)/ high-risk human papillomavirus (hrHPV) co-testing within last 5 years.		
Note: women in the 30-64 category need to be 30 years of age at the time of the testing for the service to count.		
Exclusions: Women with documentation of a hysterectomy with no residual cervix are excluded from this measure’s denominator.		
Note: Documentation of “hysterectomy” alone does not meet the criteria for exclusion, because it is not sufficient evidence that the cervix was removed.		
Documentation that counts for exclusions: “abdominal hysterectomy, vaginal hysterectomy, total hysterectomy, radical hysterectomy, complete hysterectomy, hysterectomy with no evidence of cervix, hysterectomy with documentation of no longer need pap testing/cervical cancer screening.”		



What Works

- Display culturally appropriate posters and materials
- Patient education – risks
- Co-test high risk members 30-64 years of age
- Interface EHRs with labs that perform the pathology review in order to push LOINC codes and outcomes into the EHR
- Submit pap reports and chart notes of exclusions via Cozeva
- Document exclusions as noted
- Leverage HN member incentive
- Bill Q0091 at time of service



Barriers

- Members following through with completion of cervical cancer screenings
- Data is housed as PDF in the EHR



COVID-19 Solutions

- Weekend Clinics with mid level to close the care gaps- scheduled intervals to heavy traffic
- Combine clinics with Mammo mobile clinics to close care gaps for both measures

Weight Assessment and Counseling for Nutrition and Physical Activity

Acronym: WCC

Hybrid

50th Percentile = 80.5 % (BMI)
50th Percentile = 71.55 % (Nutrition)
50th Percentile = 66.79 % (Physical Activity)

Measure Description: Measures members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had the following completed during the measurement year:

- **BMI percentiles** documented in medical record during the measurement year (telehealth or face to face)
- **Counseling for nutrition** documented in the clinical medical record or on the staying health assessment form during the measurement year (telehealth or face to face)
- **Counseling for physical activity** documented in the clinical medical record or on the staying healthy assessment form during the measurement year (telehealth or face to face)



What Works

- Complete during well-child, sick, or sports visits
- Schedule outside work and school hours
- Reconcile care gap lists to identify where services need to be rendered
- Billing ICD-10 codes to close care gaps
- Work with school programs that are in place to close care gaps
- Utilize telehealth to complete services by end of year
- Educate providers and OB/GYN on measure requirements
- Complete Staying Health Assessments and bill for the service



Barriers

- Providers not billing the ICD-10 codes
- High cancellations and no shows
- Not billing when Staying Health Assessments are completed



COVID-19 Solutions

- Utilize Telehealth:
 - Parent measures the child's height and weight at home, and reports results to doctor
 - Doctor to document information in vitals flow sheet vs progress note
 - Complete counseling and bill the service

Child and Adolescent Well-Care Visits

Acronym: WCV

Administrative

50th Percentile = 65.94 %

Measure Description: Measures members 3-21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the measurement year.

- The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member

Documentation must support that evidence of a well child exam took place and meets the requirement for coding. NCQA is not prescriptive regarding the components that need to be documented in the medical record to count. However, documentation must indicate the visit was for a routine child health examination and identify normal or abnormal findings.

Bright Futures recommends the following components to be captured at a well child exam:
Well-Child Visits must include: Health history; physical development history; mental development history; physical exam; immunizations; health education/anticipatory guidance



What Works

- Reconcile and utilize your care gap reports
- Billing the right codes with the appropriate provider type
- Schedule visits with any PCP or mid-level providers to complete the service.
- Proactive scheduling and reminders
- Tele-jockeying
- Educate parents on need for visit



Barriers

- Parent knowledge deficit with importance of annual appts
- High Cancellations/No Show
- Parents switch providers and plans
- Scheduling for multiple children
- Families tied up with work and school
- Young adults more interested in episodic care
- Billing with wrong provider type: ER provider, Group NPI, Students in Resident Program



COVID-19 Solutions

- Offer well-child clinic days
- Offer weekend and off hours
- Complete partial well child visits via telehealth- in person needed for physical exam portion.
- Partner with community schools and centers to complete exams

Controlling Blood Pressure

Acronym: CBP

Hybrid

50th Percentile = 61.8 %

Measure Description: Measures patients ages 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

- Blood pressure must be in control in order to impact the measure, and
- Must be the last blood pressure documented in the measurement year, and
- Must be on or after the second diagnosis of HTN received by the health plan

Note: members are brought into the measure by HTN diagnosis documented between January 1, 2020 and June 30, 2021 and billed to the health plan HTN diagnosis may come from telehealth, ER visit, inpatient and outpatient encounters/claims, it cannot be brought in through supplemental data means.



What Works

- Reconcile and utilize your care gap reports
- Billing CPT II codes
- Documenting blood pressures in vitals flow sheet vs progress notes in the EHR at telehealth visits
- Take repeat readings for abnormal BPs
- Use lowest systolic and diastolic results from different readings on a single date
- Educate the member on controlling BPs (<140/90)
- Evaluate need for medications for members not under control
- Re-train staff on how to take a blood pressure or use digital machines with appropriate size cuff



Barriers

- Lack of billing CPT II codes
- Members not monitoring BP at home
- Lack of patient education about medication and lifestyle changes
- Staff not following recommendations to obtain an accurate BP



COVID-19 Solutions

- Request digital BP monitors for patients to use at home
- Educate patient on taking BP using digital device
- Request patients to report BPs to providers, providers must show evidence of BP review
- Bill asynchronous telehealth codes

A1c Poor Control >9

Acronym: CDC-A1c Poor Control	Hybrid	50 th Percentile = 37.47 %
Measure Description: Measures patients ages 18-75 with a diagnosis of diabetes (type 1 or type 2) who had an A1c and is considered poor control (value greater than 9)		

- Member is brought into the measure via diabetes diagnosis. Diagnosis can be from inpatient or outpatient visits
- Member last A1c (most recent) value needs to be 9 or less to be considered compliant
- A1cs are taken from both inpatient and outpatient visits

Note: This is an inverse measure where lower rates are more compliant.



What Works

- Reconcile and utilize your care gap reports
- Billing CPT II codes
- Collecting lab values from inpatient stays for this could override your last A1c
- Re-evaluate care plans for members showing out of control values.
- Consider case management or diabetes education programs within your clinics
- Create standing orders for members
- Member education and support groups
- Consider fingerstick machines in office or drawing labs in office prior to member leaving visit
- Educate specialists on billing CPT II codes (nephrologist, endocrinologist, OB/GYNs, Surgeons)



Barriers

- Lack of billing CPT II codes
- Services not being rendered, but medications continue to be ordered
- Lack of patient education about medication and lifestyle changes
- Incomplete orders – orders come over as test not performed
- Providers billing 83036 at time service was ordered



COVID-19 Solutions

- Outpatient telehealth, telephone visit, e-visit or virtual check-in can be used for exclusion diagnoses
- Create standing orders
- Utilize fingerstick machines or lab draws in office to prevent member needing to go to labs

Transition of Care

Acronym: TRC

Hybrid

50th Percentile = 37.47 %

Measure Description: Measures patients 18 years and older who had the following:

- **Notification of Inpatient Admission** on the day of admission through 2 days after admission – documentation must support a date stamp of when it was received by PCP
- **Receipt of Discharge Information** on the day of discharge through 2 days after discharge – documentation must support a date stamp of when the discharge paperwork was received by PCP
- **Patient Engagement After Inpatient Discharge** – visit (home, telehealth or face to face) must occur within 30 days after discharge
- **Medication Reconciliation Post Discharge** – documentation that the discharge medications were reconciled against the outpatient medications on the date of discharge through 30 days after discharge



What Works

- Transition of care programs with nurse coordinators and mid-level providers to ensure members transition back to outpatient services and receive the necessary care post follow up
- Telehealth
- Follow up visits within 3-7 days post discharge prevent admissions
- Clinical Pharmacists that support medication reconciliation
- Billing CPT II codes for medication reconciliation
- Educate specialists on the measure
- Can be completed by prescribing provider, clinical pharmacist or RN



Barriers

- Lack of billing CPT II codes
- Waiting too long to follow up with patients
- Lack of care coordination between specialists and PCPs



COVID-19 Solutions

- Outpatient telehealth visits – regardless if specialist is involved
- Make medication reconciliation a priority within 3 days of discharge for member – reduces preventable readmissions with the elderly population

Resources

Breast Cancer Screening

Acronym: BCS

Coding And Documentation

50th Percentile = 58.82 %

- Documentation of completed service in office visit notes with complete date (past medical history, surgical history)
- Mammogram reports (diagnostic or screening)
- Documentation of bilateral mastectomy with complete date

Note: member reported dates are acceptable. If member reports year only then organization needs to decide in process to for documenting a complete date of service by using the first day of year or last day of the year reported.

Codes: 77065, 77066, 77067

Exclusion Codes: Acquired absence of bilateral breasts and nipples: ICD-10 Z90.13

Use exclusion ICD-10 codes at visits where members present with bilateral mastectomy

Work on building out LOINC codes in the EHR for Mammograms to promote interoperability:

26347-5	MG Breast - left Diagnostic
26348-3	MG Breast - right Diagnostic
24605-8	MG Breast Diagnostic
24606-6	MG Breast Screening
26176-8	MG Breast - left Screening
26177-6	MG Breast - right Screening
36626-0	MG Breast - bilateral Views

Cervical Cancer Screening

Acronym: CCS	Coding	50 th Percentile = 61.31 %
--------------	--------	---------------------------------------

Consider billing Q0091 (Screening pap smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory) at the time of service.

Connect with labs/pathology vendors to push reports and LOINC codes into EHR:

10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Tests that are acceptable for HEDIS when ordered:

88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175

Weight Assessment and Counseling for Nutrition and Physical Activity

Acronym: WCC	Coding	50 th Percentile = 80.5 % (BMI) 50 th Percentile = 71.55 % (Nutrition) 50 th Percentile = 66.79 % (Physical Activity)
--------------	--------	--

Outpatient visit: Bill E&M or preventive CPT code

ICD-10 code

- Z02.5 Encounter for examination for participation in sport(s)
- Z71.82 Exercise counseling
- Z71.3 Dietary counseling and surveillance
- Z68.51 Body mass index [BMI] pediatric, less than 5th percentile for age
- Z68.52 Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age
- Z68.53 Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age
- Z68.54 Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age

Telehealth coding

- Synchronous Modifier: 95
- Asynchronous: GQ
- POS service code '02' (not applicable to FQHC's, RHC's, IHS)

Child and Adolescent Well-Care Visits

Acronym: WCV	Coding	50 th Percentile = 65.94 %
--------------	--------	---------------------------------------

CPT Codes

New patient

- 99382- for children ages 3-4
- 99383- for children ages 5-11
- 99384- for children ages 12-17
- 99385- for children ages 18-21

Established patient

- 99392- for children ages 3 to 4
- 99393- for children ages 5-11
- 99394- for children ages 12-17
- 99395- for children ages 18-21

ICD Codes

Ages 3-17

- Z00.121 – Routine child health exam with abnormal findings
- Z00.129 – Routine child exam without abnormal findings

Ages 18-21

- Z00.00 – General adult medical exam without abnormal findings
- Z00.01 – General adult medical exam with abnormal findings

Telehealth coding

- Synchronous Modifier: 95
- Asynchronous: GQ
- POS service code ‘02’ (not applicable to FQHC’s, RHC’s, IHS)

Controlling Blood Pressure

Acronym: CBP	Coding	50 th Percentile = 61.8 %
--------------	--------	--------------------------------------

An outpatient visit must accompany the CPT II code fore the service to impact administratively.

Systolic BPs

- 3074F Most recent systolic blood pressure less than 130 mm Hg
- 3075F Most recent systolic blood pressure 130-139 mm Hg
- 3077F Most recent systolic blood pressure greater than or equal to 140 mm Hg

Diastolic BPs

- 3079F Most recent diastolic blood pressure 80-89 mm Hg
- 3078F Most recent diastolic blood pressure less than 80 mm Hg
- 3080F Most recent diastolic blood pressure greater than or equal to 90 mm Hg

Telehealth coding

- Synchronous Modifier: 95
- Asynchronous: GQ
- POS service code ‘02’ (not applicable to FQHC’s, RHC’s, IHS)

A1c Poor Control >9

Acronym: CDC-A1c Poor Control	Hybrid	50 th Percentile = 37.47 %
-------------------------------	--------	---------------------------------------

Serum lab: 83036 – Serum A1c lab test
Fingerstick: 83037- A1c fingerstick test with FDA approved device

- Lab values:**
- 3046F Most recent hemoglobin A1c level greater than 9.0%
 - 3051F Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
 - 3052F Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
 - 3044F Most recent hemoglobin A1c (HbA1c) level less than 7.0%

Transition of Care

Acronym: TRC	Hybrid	50 th Percentile = 37.47 %
--------------	--------	---------------------------------------

Medical Record Documentation

- **Notification of Inpatient Admission**
 - Documentation of communication of admission between inpatient providers, ER providers, specialist or staff with member's PCP or ongoing care provider (e.g., fax, email, phone call, health information exchange (ADT data) alert system) or evidence that provider was able to review the discharge paperwork within shared EMR system within 2 days of admission, or PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission prior to the admit date
- **Receipt of Discharge Information**
 - **At minimum documentation must support:**
 - The practitioner responsible for the member's care during the inpatient stay
 - Procedures or treatment provided
 - Diagnoses at discharge
 - Current medication list
 - Test results or documentation of pending tests or no tests pending
 - Instruction for patient care post-discharge
- **Patient Engagement After Inpatient Discharge** – progress notes of the visit (home, telehealth or face to face)
- **Medication Reconciliation Post Discharge** – documentation that the discharge medications were reconciled against the outpatient medications on the date of discharge through 30 days after discharge
 - Examples of minimum documentation:
 - documentation that provider reconciled the outpatient meds against the discharge medications
 - documentation that the current medications with reference to discharge medications (e.g., "no changes in medications since discharge", same medications as discharge, discontinue discharge medications)
 - list of discharge medication and list outpatient medications with documentation that both lists were reviewed

Transition of Care

Acronym: TRC	Coding	50 th Percentile = 37.47 %
<ul style="list-style-type: none">• Notification of Inpatient Admission<ul style="list-style-type: none">• No coding – documentation only• Receipt of Discharge Information<ul style="list-style-type: none">• No coding – documentation only• Patient Engagement After Inpatient Discharge – Coding of outpatient visit including home and office visits or telehealth<ul style="list-style-type: none">• Modifier for telehealth -95• Medication Reconciliation Post Discharge – 1111F		
Telehealth coding Synchronous Modifier: 95 Asynchronous: GQ POS service code '02' (not applicable to FQHC's, RHC's, IHS)		

Overview of HEDIS®, the MCAS and Minimum Performance Level

What is the MCAS?

California Department of Health Care Services (DHCS) selects HEDIS measures each year to be part of MCAS.

What is the Minimum Performance Level?

Each measure in the MCAS measure set is held to a Minimum Performance Level (MPL) of 50th percentile within a county, to increase quality of care for Medi-Cal members. 50th percentile is determined each Measurement Year, based on national performance rates.

Today's training is focused on Measurement Year (MY) 2021's 15 MCAS measures held to the 50th percentile MPL.

Source: California Department of Health Care Services, [Medi-Cal Managed Care Accountability Set](#) (MY 2021)

Medicare Stars

What is CMS Stars?

CMS uses the Medicare Five - Star Quality Rating System to monitor the performance of MA health plans to ensure they meet quality standards. For MA members, the ratings provide a tool to compare the quality of care and customer service offered by different MA plans. Providers have a direct impact on over 60 percent of the measures that are used for these ratings.

HN Quality Tools can be found on the provider website located:

https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/quality_imp_tools.html

- [HEDIS 2021 Quick Reference Guide – Health Net \(PDF\)](#)
- [HEDIS 2021 Quick Reference Guide – Health Net \(PDF\)](#)


Note: 2022 Guides will be available in quarter one in 2022

CMS Medicare Stars Tech notes

<https://www.cms.gov/files/document/2021technotes20201001.pdf-0>

Hyperlink to resources for MCAS and STARS

Managed Care Accountability Set Reporting Year 2022



California Department of Health Care Services

Medi-Cal Managed Care Accountability Set (MCAS)
Updated December 7, 2020

MCAS for Medi-Cal Managed Care Health Plans (MCPs)
Measurement Year 2021 | Reporting Year 2022

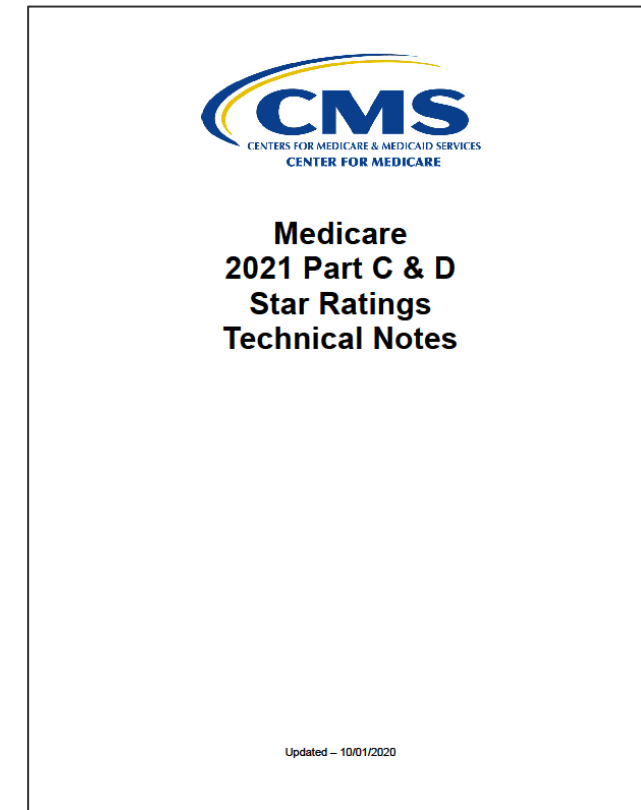
Based on Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets for Reporting Year 2021
Total Number of Measures = 36 (10 Hybrid and 26 Administrative)
MPL means Minimum Performance Level

#	MEASURE REQUIRED OF MCP	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL
1	Breast Cancer Screening	BCS	Administrative	Yes
2	Cervical Cancer Screening	CCS	Hybrid	Yes
3	Child and Adolescent Well-Care Visits	WCV	Administrative	Yes i, iii
4	Childhood Immunization Status: Combination 10	CIS-10	Hybrid	Yes
5	Chlamydia Screening in Women	CHL	Administrative	Yes iii
6	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	CDC-H9	Hybrid	Yes
7	Controlling High Blood Pressure	CBP	Hybrid	Yes
8	Immunizations for Adolescents: Combination 2	IMA-2	Hybrid	Yes

Page 1

[Click to download](#)

CMS Star Technical Notes 2021



[Click to download](#)

Immunization Registries

What are Immunization Registries?

Immunization registries are web-based tools to help doctors and clinics with their immunization practice.

[California Immunization Registry](#) (CAIR)

[San Diego Immunization Registry](#) (SDIR)

[San Joaquin Immunization Registry](#) (RIDE)

It is possible to upload vaccination records automatically to these registries, contact registries for more information:

Contact CAIR at **(800) 578-7889** or email at: CAIRhelpdesk@cdph.ca.gov

Contact SDIR at **(619) 692-5656** or email at: sdir.hhsa@sdcounty.ca.gov

Contact RIDE at **(209) 468-2292** or email at: support@myhealthyfutures.org

<https://www.immunize.org/>

10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

Introduction



Standing orders are written protocols approved by a physician or other authorized practitioner that allow qualified health care professionals (who are eligible to do so under state law, such as registered nurses or pharmacists) to assess the need for and administer vaccine to patients meeting certain criteria, such as age or underlying medical condition. The qualified health care professionals must also be eligible by state law to administer certain medications, such as epinephrine, under standing orders should a medical emergency (rare event) occur.

Having standing orders in place **streamlines your practice workflow** by eliminating the need to obtain an individual physician's order to vaccinate each patient. Standing orders carried out by nurses or other qualified health care professionals are the most consistently effective means for increasing vaccination rates and reducing missed opportunities for vaccination, which improves the quality of care for patients.

While this guide focuses on implementing standing orders for influenza vaccination, the basic principles included can be used to implement standing orders for other vaccines and for any age group desired.

Standing orders are **straightforward to use**. The challenge is to integrate them into the practice setting so they can be used to their full potential. This process requires some preparation up front to assure everyone in the practice understands the reasons why standing orders are being implemented. Suggested steps to help you work through this process are shown below.

Phase 1: *Get Ready* – Build Support of Leadership

STEP 1 Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.

Standing orders will:

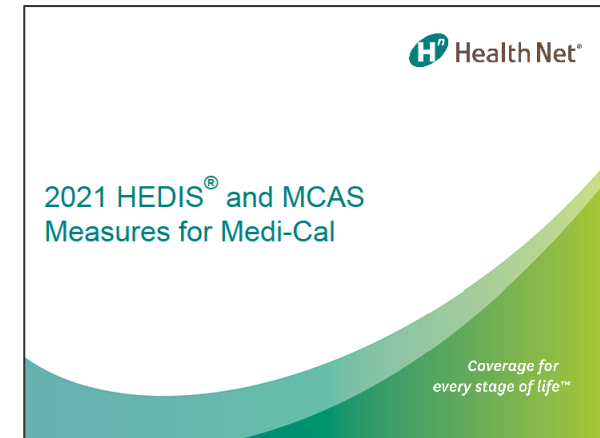
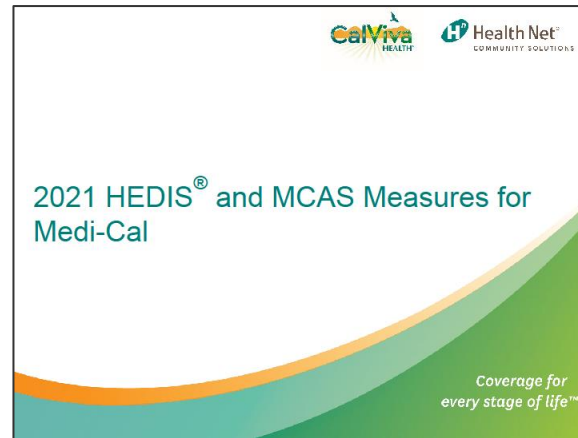
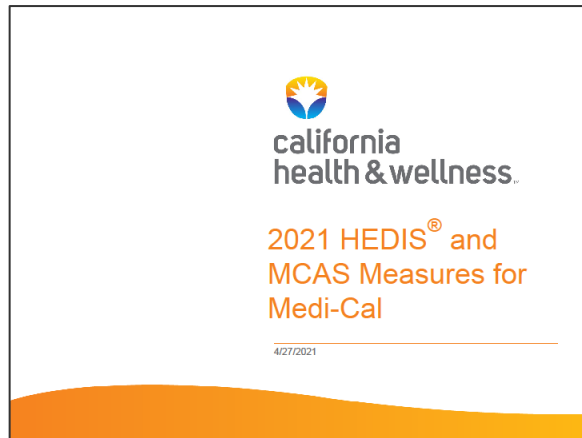
- Facilitate efficient assessment for and administration of influenza vaccine in your practice.
- Improve influenza vaccination rates in your practice.
- Protect more of your patients from influenza.
- Empower nurses and/or other eligible staff to use standing orders to protect more patients.
- Decrease opportunities for influenza transmission in your health care setting.

It is important to get buy-in from physician and nurse leadership from the start.

HEDIS® Training Material

The HEDIS® training PowerPoints and PDFs have the Quality Tip Sheets Embedded.

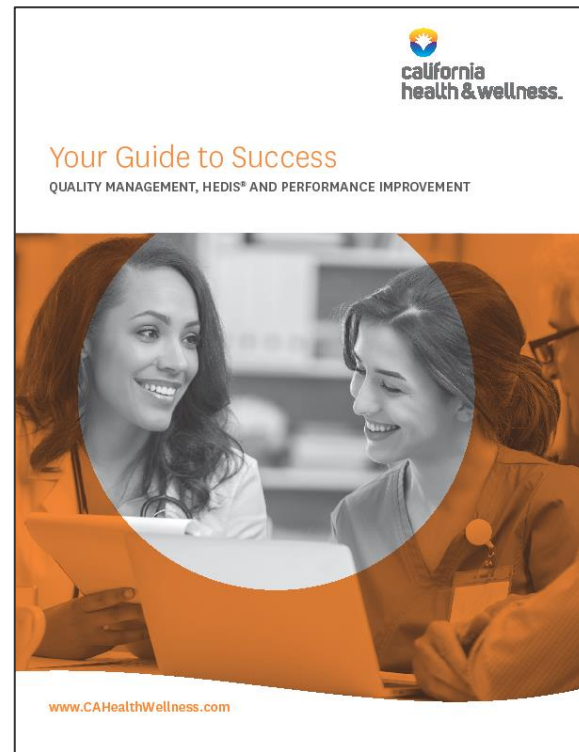
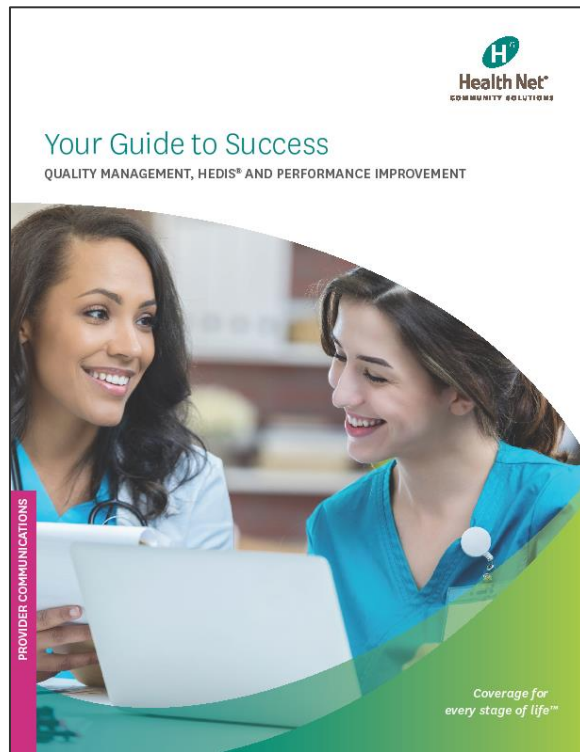
- PDF copy may be shared with external stakeholders.



Please reach out to Provider Engagement Team for more information.

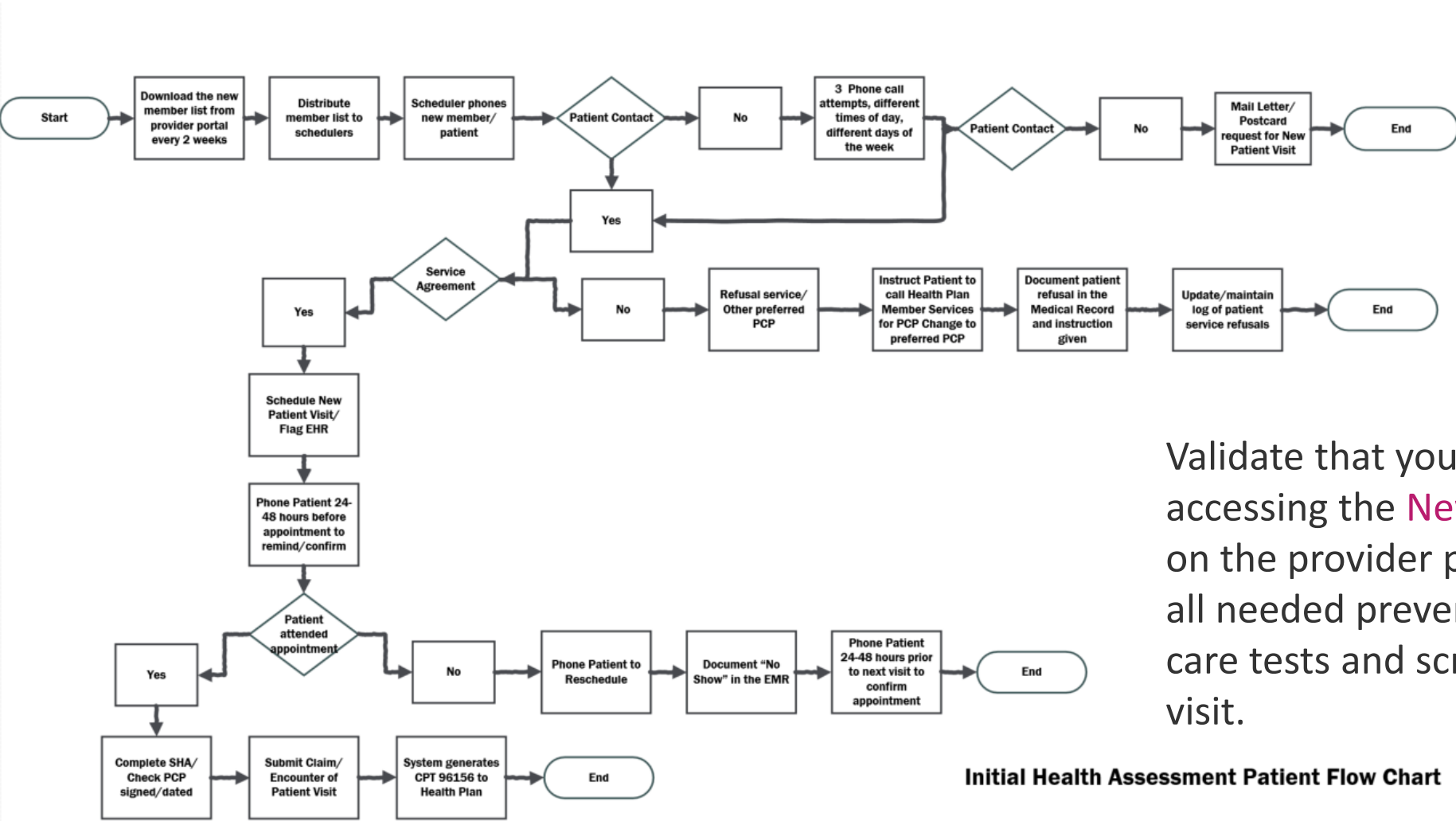
Office Manager Guide & Weight Assessment, Nutritional and Physical Activity Counseling (WCC) flyers

For Health Net and California Health and Wellness plans only.



Please reach out to
Provider Engagement
Team for more
information about
WCC flyers, and
HEDIS Tool Kit folder

The Initial Health Assessment and Preventive Care Visits



Validate that your providers are accessing the **New Member List** found on the provider portal and completing all needed preventive and chronic care tests and screenings during their visit.

Initial Health Assessment Patient Flow Chart

Contacts

Host:

Alicia Bednar, Quality Improvement Specialist Senior, (Alicia.C.Bednar@Healthnet.com)

Presenters:

Shelley Krawchuck, RN, CPHQ, Clinical Program Manager (Provider Education) (Shelley.Krawchuck@Healthnet.com)

Lynn Kafer, LVN, QI HEDIS Project Manager (Lynn.A.Kafer@Healthnet.com)

Gerred Smith, QI HEDIS Project Manager (Gerred.B.Smith@cahealthwellness.com)